



# FEE TRANSMITTAL

<b>FEE TRANSMITTAL</b>		Docket No.	4004-025-30	
		Serial No.	09/926,519	
		Filing Date	November 30, 2001	
		Inventor(s)	Etienne DEGAND, et al.	
		Group Art Unit	3742	
TOTAL AMOUNT OF PAYMENT		\$440.00	Examiner	John A. Jeffery

1. <input type="checkbox"/> Applicant claims small entity status. <input checked="" type="checkbox"/> Charge any <b>UNDERPAYMENT</b> or credit any <b>OVERPAYMENT</b> in the indicated fees to Deposit Account No. 50-1442. <input type="checkbox"/> Charge the indicated fees to Deposit Account No. 50-1442.										<b>FEE CALCULATION (continued)</b>							
2. <input checked="" type="checkbox"/> Check enclosed.										<b>3. ADDITIONAL FEES</b>							
										Large Entity		Small Entity		Fee Description			
										Fee Code	Fee (\$)	Fee Code	Fee (\$)		Fee Paid		
<b>FEE CALCULATION</b>										1051	130	2051	65	Surcharge-late filing fee or oath			
<b>1. BASIC FILING FEE</b>										1052	50	2052	25	Surcharge-late provisional filing fee or cover sheet			
Large Entity		Small Entity		Fee Description				1053	130	1053	130	Non-English Specification					
Fee Code	Fee (\$)	Fee Code	Fee (\$)					Fee Paid	1251	110	2251	55	1-mo. ext. of time	110.00			
1001	770	2001	385	Utility filing fee					1252	420	2252	210	2-mo. ext. of time				
1002	340	2002	170	Design filing fee					1253	950	2253	475	3-mo. ext. of time				
1003	520	2003	260	Plant filing fee					1254	1480	2254	740	4-mo. ext. of time				
1004	770	2004	385	Reissue filing fee					1255	2010	2255	1005	5-mo. ext. of time				
1005	160	2005	80	Provisional filing fee					1401	330	2401	165	Notice of Appeal				
<b>SUBTOTAL (1)</b>								\$0.00	1402	330	2402	165	Appeal Brief	330.00			
<b>2. EXTRA CLAIM FEES</b>										1403	290	2403	145	Request for Oral Hearing			
tot. claims			-	20*	=	0	x	\$18	=	0	1501	1330	2501	665	Utility/Reissue Issue Fee		
ind. claims			-	3*	=	0	x	\$86	=	0	1502	480	2502	240	Design Issue Fee		
<input type="checkbox"/> Multiple Dependent Claims								\$290	=		1504	300	1504	300	Publication Fee		
Large Entity		Small Entity		Fee Description				8001	3	8001	3	Advance Copy of Patent					
Fee Code	Fee (\$)	Fee Code	Fee (\$)					1460	130	1460	130	Petitions to the Commissioner					
1202	18	2202	9	Claims in excess of 20					1806	180	1806	180	IDS Submission				
1201	86	2201	43	Independent claims in excess of 3					8021	40	8021	40	Assignment recordation				
1203	290	2203	145	Multiple dependent claim, if not paid					1801	770	2801	385	For Filing RCE				
1204	84	2204	43	*Reissue independent claims over original patent					1814	110	2814	55	Terminal Disclaimer				
1205	18	2205	9	*Reissue claims in excess of 20 and over original patent				OTHER (indicate below):									
<b>SUBTOTAL (2)</b>								\$0.00									
* or number previously paid, if greater; For Reissues, see above										<b>SUBTOTAL (3)</b>				\$440.00			

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Signature			Date		Telephone	202-861-3900
Name			Registration No.			